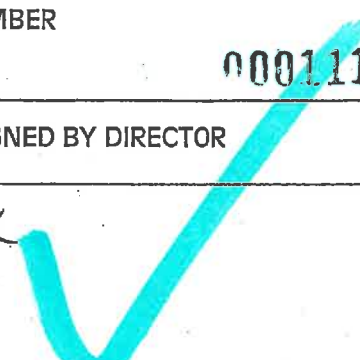


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Roberts/Hutto/FOIA	9-17-13

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000111	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Cox	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
 cleared 9/26/13, letter attached	<input checked="" type="checkbox"/> FOIA DATE DUE 10/2/13
	<input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

RECEIVED

SEP 17 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Jie Jenny Zou
The Herald
132 W. Main St.
Rock Hill, SC 29730

SCDHHS
Columbia, SC

September 16, 2013

Dear records custodian,

Pursuant to state freedom of information law, I am hereby requesting copies of cost reports for a nursing facility called Chester Nursing Center located at One Medical Park Drive in Chester, SC. This would include comprehensive Medicaid reports for the facility for the past three years, not just itemized costs currently provided on your website.

If possible, please furnish these records in a digitally-accessible format to the email address appended below. If not, please provide hard copies of the documents to the physical address listed above.

If you are not the proper custodian of these records, please let me know which agency and point person would be appropriate to contact for my request.

Please process this request immediately so long as total fees are not expected to exceed \$25. If fees are expected to exceed that amount, please notify me prior to fulfilling my request with a detailed breakdown of copying costs and research fees. Please expedite this request as a matter of public interest.

Thank you in advance for your diligence in complying with state freedom of information law.

Sincerely,

Jie Jenny Zou
803.329.4062
jzou@heraldonline.com

Brenda James

From: Colleen Mullis
Sent: Monday, September 16, 2013 9:25 PM
To: Brenda James
Cc: Kim Cox
Subject: FW: FOIL Request
Attachments: FOIL_DHHS.pdf

RECEIVED

SEP 17 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Please see attached FOIA request for processing.

Thank you.

Colleen

From: Zou, Jenny [<mailto:jzou@heraldonline.com>]
Sent: Monday, September 16, 2013 5:00 PM
To: Office of Communications
Subject: FOIL Request

Hi,

I've attached a FOIL request to this email. Please let me know if SCDHHS is the proper custodian for these records.

Best,

Jie Jenny Zou
The Herald
Office: 803.329.4062
Mobile: 718.450.6008
Tweet [@JieJennyZou](#)
www.heraldonline.com



TO:

FROM:

SUBJECT: Cost of Processing FOIA Request #

The South Carolina Department of Health and Human Services has received and processed your FOIA request. The cost for processing this information is as follows:

Staff processing time at \$10.00 per hour _____ Hours \$ _____

Pages copied at \$.10 per page _____ Pages \$ _____

Pages faxed at \$.20 per page _____ Pages \$ _____

Shipping and Handling Costs \$ _____

Other costs associated with the FOIA request: _____ \$ _____

Total Amount Due SCDHHS: \$ _____

Please remit the above amount to the following address:

Bureau of Fiscal Affairs
South Carolina Department of Health and Human Services
Post Office Box 8297
Columbia, South Carolina 29202-8297

Please contact _____ should you have any questions.

Signature

Date:



Log # 111

September 26, 2013

Ms. Jie Jenny Zou
The Herald
132 W. Main Street
Rock Hill, SC 29730

Dear Ms. Zou:

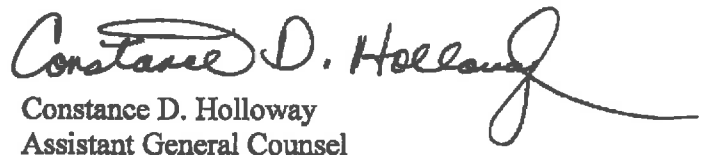
This is in response to your request for information from the South Carolina Department of Health and Human Services (DHHS) pursuant to the South Carolina Freedom of Information Act (FOIA) dated September 16, 2013 and received by DHHS on September 17, 2013. Enclosed are copies of the SC Nursing Home Medicaid cost reports that were requested.

Our expense for extracting this information is Twenty Eight and 70/100 dollars (\$28.70). Please make the check payable to the Department of Health and Human Services and send it to:

Department of Health and Human Services
Department of Receivables
Post Office Box 8297
Columbia, SC 29202-8297

Thank you for your request. If you have any questions, you may contact Ms. Beth Hutto, Interim Deputy Director and Chief Financial Officer, at (803) 898-2955.

Sincerely,


Constance D. Holloway
Assistant General Counsel

CDH/lb

cc: Lynette Wilson
Enclosures



September 19, 2013

TO: Jie Jenny Zou

FROM: Beth Hutto
Interim Deputy Director

SUBJECT: Cost of Processing FOIA Request # 111

The South Carolina Department of Health and Human Services has received and processed your FOIA request. The cost for processing this information is as follows:

Staff processing time at \$10.00 per hour	<u>1</u> Hours	<u>\$10.00</u>
Pages copied at \$.10 per page	<u>129</u> Pages	<u>\$12.90</u>
Pages faxed at \$.20 per page	<u> </u> Pages	<u>\$</u>
Shipping and Handling Costs		<u>\$5.80</u>
Other costs associated with the FOIA request:	<u> </u>	<u>\$</u>
Total Amount Due SCDHHS:		\$28.70

Please remit the above amount to the following address:

Bureau of Fiscal Affairs
South Carolina Department of Health and Human Services
Post Office Box 8297
Columbia, South Carolina 29202-8297

Signature

Date

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

Constance/Lucas
RECEIVED

SEP 17 2013

SCDHHS
Office of General Counsel

TO	DATE
Roberts/Hutto/FOIA	9-17-13

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000111	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Cox	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> FOIA DATE DUE 10/2/13
	<input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

Jie Jenny Zou
The Herald
132 W. Main St.
Rock Hill, SC 29730

SCDHHS
Columbia, SC

September 16, 2013

Dear records custodian,

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Please process this request immediately so long as total fees are not expected to exceed \$25. If fees are expected to exceed that amount, please notify me prior to fulfilling my request with a detailed breakdown of copying costs and research fees. Please expedite this request as a matter of public interest.

Thank you in advance for your diligence in complying with state freedom of information law.

Sincerely,

Jie Jenny Zou
803.329.4062
jzou@heraldonline.com

RECEIVED

SEP 17 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

RECEIVED

SEP 17 2013

SCDHHS
Office of General Counsel

116 1402

Brenda James

From: Colleen Mullis
Sent: Monday, September 16, 2013 9:25 PM
To: Brenda James
Cc: Kim Cox
Subject: FW: FOIL Request
Attachments: FOIL_DHHS.pdf

RECEIVED

SEP 17 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Please see attached FOIA request for processing.

Thank you.

Colleen

RECEIVED

SEP 17 2013

SCDHHS
Office of General Counsel

From: Zou, Jenny [<mailto:jzou@heraldonline.com>]
Sent: Monday, September 16, 2013 5:00 PM
To: Office of Communications
Subject: FOIL Request

Hi,

I've attached a FOIL request to this email. Please let me know if SCDHHS is the proper custodian for these records.

Best,

Jie Jenny Zou
The Herald
Office: 803.329.4062
Mobile: 718.450.6008
Tweet [@JieJennyZou](#)
www.heraldonline.com



TO:

FROM:

SUBJECT: Cost of Processing FOIA Request #

The South Carolina Department of Health and Human Services has received and processed your FOIA request. The cost for processing this information is as follows:

Staff processing time at \$10.00 per hour	_____ Hours	\$ _____
Pages copied at \$.10 per page	_____ Pages	\$ _____
Pages faxed at \$.20 per page	_____ Pages	\$ _____
Shipping and Handling Costs		\$ _____
Other costs associated with the FOIA request:	_____	\$ _____
Total Amount Due SCDHHS:		\$ _____

Please remit the above amount to the following address:

Bureau of Fiscal Affairs
South Carolina Department of Health and Human Services
Post Office Box 8297
Columbia, South Carolina 29202-8297

Please contact _____ should you have any questions.

Signature

Date: